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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125200001		CITY OR TOWN	SUNDERL	AND
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE N	AME: BUB'S BAR	B QUE, INC			
DOING BUSI	NESS A BUB'S B B	3 QUE			
ADDRESS 67	6 AMHERST RD.				
CITY/TOWN:	: SUNDERLAND	STATE: MA	ZIP CODE:	01375	
MANAGER:	MORONEY, ANDREA	TYPE OF LICENSE:R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		•
	N OF LICENSED PR				_
ONE FLOOR OUTDOOR P.		EA,KITCHEN AREA AN	ID TWO REST ROOM	AS .20" X 40	'
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Cor	nmonwealth relating to	taxes; and	
3. the	premises are now ope	en for business (If not exp	plain below)		
SIGNED BY:			0.00		
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TOPI PI		EMDI OVEE	RIDENTIFICAT	ION NUMBED
211121	TELEF	PHONE NUMBER:	(Note: NOT Ind		
		we are in possession (1) t ing inspector and the he			
		quor liability insurance			
Please Check Bel	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapprove	a explain)				
DATE:			-		
APPLICATION FOI	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125200003		CITY OR TOWN SUNDER	RLAND
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	DIMO'S OF SUNI	DERLAND INC.		
DOING BUSINESS	A DIMO'S REST.			
ADDRESS 116 NO	. MAIN ST			
CITY/TOWN: SUI	NDERLAND	STATE: MA	ZIP CODE: 01375	
MANAGER: ROI M.	OAK, RONALD TYI	PE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
KITCHEN, ONE FO	OR STORAGE. WO	OD FRAME BLDG A	O FOR DINING AND ONE FO ADDING 3 TABLES ON POR ND A TABLE WITH 4 CHAIR	CH-WITH
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now licensed;	
	-		nonwealth relating to taxes; and	1
3. the prem	ises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signe	d by the building in	spector and the head	e certificate required by Chap I of the fire department for th equired by Chapter 116 of th	e above named
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	oin)			
ii disappioved expl	a111 <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	5200004		CITY OR TOW	'N SUNDERI	LAND
APPLICATION FOR RE	ENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: THE DOING BUSINESS A S	NOWZEES				
ADDRESS 330 AMHER	ST RD.				
CITY/TOWN: SUNDE	RLAND	STATE: MA	ZIP CODE:	01375	
MANAGER: SNOW, N	MARK TYPI	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS DESCRIPTION OF LICE		BSITE AND ENTER YOUR E ES:	MAIL ADDRESS		
2. the licensee ha	cense will be of that complied with a	of perjury that: ne same type for the all laws of the Com- ousiness (If not expl	monwealth relatin		
SIGNED BY:	dividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICA' Individual Social S	
We the undersigned, at Acts of 2004, signed by license and (2) the certi	the building insp	pector and the hea	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	k: 125200005		CITY OR TOW	IN SUNDERL	AND
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: KIM'S FAMILY	CORP			
DOING BUSINESS	S A GOTEN OF JAI	PAN STEAK HOUSE			
ADDRESS 104 OL	D AMHERST ROA	D			
CITY/TOWN: SU	NDERLAND	STATE: MA	ZIP CODE:	01375	
MANAGER: KIN	M, HAE SOON TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	l:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:			
		LD AMHERST RD.A BY ROCK WALL AN			
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	wed license will be o	f the same type for the	same premises n	ow licensed;	
2. the licen	see has complied wit	th all laws of the Com	monwealth relatir	ng to taxes; and	
3. the prem	nises are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
We the undersign	ed, attest that we ar	e in possession (1) th	e certificate reg	uired by Chapt	er 304 of the
Acts of 2004, signe	ed by the building in	nspector and the head	d of the fire depa	artment for the	above named
license and (2) the	e certificate of liquo	r liability insurance r	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:	_		LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	1				
(If disapproved exp	iain)		-		
DATE:			-		
D.1111.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	125200010		CITY OR TOV	VN SUNDERI	LAND
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	PM BEVERAGES, IN A BILLY'S BEVERAG				
ADDRESS 13 BRIDG	GE STREET				
CITY/TOWN: SUN	DERLAND	STATE: MA	ZIP CODE	: 01375	
MANAGER: MAR	DAS, PAUL A TYPE (OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMISES	:			
FIRST FLOOR;RETA MERCHANDISE.	AIL,COOLER BOTTLE	E REDEMPTION	N ROOM CELLA	AR;STORAGE F	FOR
2. the license	d license will be of the e has complied with all es are now open for bus	laws of the Comsiness (If not exp	monwealth relation		
DATE:	TELEPHONE N	NUMBER:		OYER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200014		CITY OR TOWN	SUNDERL	AND
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: DEERFIELD S DOING BUSINESS A THE SPIRIT				
ADDRESS 295 AMHERST ROAD				
CITY/TOWN: SUNDERLAND	STATE: MA	ZIP CODE:	01375	
MANAGER: SCHECHTERLE, STEVEN M.	ΓΥΡΕ OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF LICENSED PRE	MISES:			
ONE ROOM DISPLAY/SALES AND	INVENTORY STORA	GE ON GROUND I	FLOOR.	
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	of the same type for the	same premises now	licensed;	
2. the licensee has complied v		=		
3. the premises are now open		=		
	· · · · · · · · · · · · · · · · ·			
SIGNED BY: Individual, Part	tner or Authorized Corp	orate Officer		
DATE: TELEPH	ONE NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Diagga Cheek Palayu		I OGAL LIGENG	DIG AUTU	
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVED:		By:		
(If disapproved explain)				
(spp				
DATE:		-		 -



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200015	(CITY OR TOWN SUNDERL	LAND
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BLUE HERO	N RESTAURANT & CAFE	E, LLC	
DOING BUSINESS A BLUE HERO	ON RESTAURANT		
ADDRESS 112 NORTH MAIN ST			
CITY/TOWN: SUNDERLAND	STATE: MA	ZIP CODE: 01375	
MANAGER: SNOW, DEBORAH LYNN	TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PR			
FIRST AND SECOND FLOORS OF	FBUILDING, PATIO		
3. the premises are now open SIGNED BY: Individual, Pa	n for business (If not explain		
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the buildir license and (2) the certificate of license and (2) the certificate of license and (3) the certificate of license and (3) the certificate of license and (4) the certificate of license and (5) the certificate of license and (5) the certificate of license and (6)	ng inspector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disupprovou expluii)			
DATE:			_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 125200017		CITY OR TOWN	SUNDERLAND
APPLICATION FOR	SED FOR 2013 YEAR			
DOING BUSINESS ADDRESS 9 AMHE		LLE		
CITY/TOWN: SUN	IDERLAND	STATE: MA	ZIP CODE:	01375
	AGAN, TYPE EMARY	OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
	LICENSED PREMISE EE STANDING WITI EATING		NG60 SEATS IN	SIDE AND A PATIO
	see has complied with a sees are now open for be Individual, Partner o	usiness (If not expl	ain below)	o taxes; and
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	in)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200019		CITY OR TOWN	SUNDERLAND		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: SUNDERLAN	D CORNER STORE, L	LC			
DOING BUSINESS A SUNDERLAND	ND CORNER STOR				
ADDRESS 101 NORTH MAIN STR	EET				
CITY/TOWN: SUNDERLAND	STATE: MA	ZIP CODE:	01375		
MANAGER: HAMILL,GLENN	TYPE OF LICENSE: Pa	ckage Store CA	TEGORY: Wine and Malt Regular		
EMAIL ADDRESS:	-				
	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	<u></u>		
DESCRIPTION OF LICENSED PRE					
ONE STORY COMMERCIAL BUIL AND BRIDGE STREET(RTE 116) V DELIVERY DOOR FACING SCHOOL	WITH AN ENTRANCE				
I hereby certify and swear under pena	lties of perjury that:				
1. the renewed license will be	e of the same type for the	e same premises now	licensed;		
2. the licensee has complied	with all laws of the Com	monwealth relating to	taxes; and		
3. the premises are now open	for business (If not exp	lain below)			
SIGNED BY:					
Individual, Par	tner or Authorized Corp	orate Officer			
DATE.					
DATE: TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)		
		(1.000. <u>1.001</u> mun	vidual Books Becurity (Valider)		
Please Check Below:		LOCAL LICENS	ING AUTHORITY		
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	125200020		CITY OR TO	JWN SUNDE	KLAND
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 283 AMH	A SEVEN ELEVEN				
CITY/TOWN: SUN		STATE: MA	ZIP COI	DE: 01375	
MANAGER: MAN		E OF LICENSE:P	ackage Store	CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF L APPROX. 600 SQ FT REAR OF PREMISE	WITH FRONT EN	ES:		OADANDRE	AR EXIT AT
2. the license	wear under penalties d license will be of t e has complied with es are now open for	he same type for the all laws of the Corbusiness (If not expectations)	nmonwealth rela		nd
DATE:	TELEPHONI		ЕМР		CATION NUMBER: al Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LI By:	CENSING AUT	THORITY
DATE:					